

**McGraw Central School District  
McGraw, NY 13101**

REQUEST FOR REMOVAL OF SCHOOL OWNED EQUIPMENT FROM THE BUILDING

Please complete the following information and leave it with the building administrator, as far in advance as possible of the date of the removal. The building administrator will consider the request in accordance with the district administrative procedure for removal of school owned equipment from the building. Your copy will be returned to you as soon as possible.

Conditions of removal:

1. Every possible effort will be made to return the equipment to its prior location by 8:00 a.m. on the next school day or the date predetermined.
2. The borrower accepts financial responsibility for any damages due to misuse or negligence.

Equipment /Items Requested:

Item # and type \_\_\_\_\_ Location \_\_\_\_\_

Item # and type \_\_\_\_\_ Location \_\_\_\_\_

Item # and type \_\_\_\_\_ Location \_\_\_\_\_

Date(s) of Use: from \_\_\_\_\_ to \_\_\_\_\_

Borrower Name: \_\_\_\_\_

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Upon return of the above equipment, describe any problems below and give your copy to the office secretary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of return: \_\_\_\_\_ Time of return: \_\_\_\_\_

Signature: \_\_\_\_\_

Cc: Main office, Borrower, Person responsible for equipment.